| Fill in this information to identify your case: | | |
|-------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------|
| United States Bankruptcy Court for the : | | |
| EASTERN District of _WISCONSIN(State) | | |
| Case Number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|---------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, | Ceria First name | First name |
| | your driver's license or | Latrese | |
| | passport). | Middle name | Middle name |
| | Bring your picture | Bellinger Last name | Last name |
| | identification to your meeting with the trustee. | Last name | Last name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last 8 years | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social Security | xxx - xx0858 | XXX - XX |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number (ITIN) | 9xx - xx | 9xx - xx |

| Debtor | 1 Ceria First Name | Latrese Middle Name | Bellinger Last Name | Case Number (if known) |
|--------|----------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| | Any business names and Employer Identification Numbers (EIN) you have used in | | sed any business names or EINs. | |
| | the last 8 years | Business name | | Business name |
| | Include trade names and doing business as names | Business name | | Business name |
| | 3 | EIN | | EIN |
| | | <u></u> | | EIN — — — — — — |
| 5. | Where you live | 5730 N 96th S Number Street Milwaukee City MILWAUKEE County | WI 53225 State ZIP Cod | |
| | | above, fill it in he | ddress is different from the one ere. Note that the court will send u at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
| | | Number Street | | Number Street |

ZIP Code

State

 Why you are choosing this district to file for bankruptcy. Check one:

P.O. Box

City

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

| (See 28 U.S.C. § 1408 | Explain. |
|-----------------------|----------|
| | |
| | |

Check one:

P.O. Box

City

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

| (See 28 U.S.C. § 140 | 08 |
|----------------------|----|
| | |
| | |
| | |

I have another reason. Explain.

ZIP Code

State

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|-------|---------|-----------|------------------------|
| | | | | |

| Pa | Tell the Court About Yo | Bankruptcy Case | | | | | |
|-----|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 7. | The chapter of the Bankruptcy Code you | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | are choosing to file | ☐ Chapter 7 | | | | | |
| | under | ☐ Chapter 11 | | | | | |
| | | ☐ Chapter 12 | | | | | |
| | | ■ Chapter 13 | | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | |
| | | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). | | | | | |
| | | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. | | | | | |
| 9. | Have you filed for bankruptcy within the | □ No | | | | | |
| | last 8 years? | ■ Yes. District Wiebke When 09/29/2017 Case Number 17-29677 | | | | | |
| | | District Wiebke | | | | | |
| | | MM / DD / YYYY | | | | | |
| | | District When Case Number | | | | | |
| | | MM / DD / YYYY | | | | | |
| 10. | Are any bankruptcy | ■ No | | | | | |
| | cases pending or being filed by a spouse who is | Yes. Debtor Relationship to you | | | | | |
| | not filing this case with you, or by a business parter, or by | District When Case Number, if known | | | | | |
| | affiliate? | Debtor Relationship to you | | | | | |
| | | District When Case Number, if known | | | | | |
| | | MM / DD / YYYY | | | | | |
| 11. | Do you rent your residence? | ■ No. Go to line 12 □ Yes. Has your landlord obtained an eviction judgment against you? | | | | | |
| | | □ No. Go to line 12. □ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition. | | | | | |

| Debtor 1 | Ceria | Latrese | Bellinge | er | Case Number (if known | own) | | |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------|-------|------------|----------------|
| | First Name | Middle Name | Last Name | | | , | | |
| Part 3: | Daniert Aberrt Arre Breit | V 0 | Cala Busunistan | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | n as a Sole Proprietor | | | | | |
| | e you a sole proprietor any full- or part-time | ■ No. □ Yes. | Go to Part 4. | wainaaa | | | | |
| | isiness? | ☐ 1es. | Name and location of b | usiness | | | | |
| Α: | sole proprietorship is a | | | | | | | |
| | siness you operate as an lividual, and is not a | | Name of business, if any | | | | | |
| | parate legal entity such as | | | | | | | |
| a d LL | corporation, partnerhsip, or | | Number Street | | | | | |
| | ou have more than one | | | | | | | |
| | le proprietorship, use a parate sheed and attach it | | | | | | | |
| | this petition. | | | | | | | |
| | | | City | | | State | Zip Code | - |
| | | | Check the appropriate | box to describe your | business: | | | |
| | | | ☐ Health Care Busi | ness (as defined in 11 | I U.S.C. § 101(27A)) | | | |
| | | | ☐ Single Asset Rea | l Estate (as defined in | n 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Stockbroker (as o | defined in 11 U.S.C. § | 101(53A)) | | | |
| | | | Commodity Broke | er (as defined in 11 U. | S.C. § 101(6)) | | | |
| | | | ☐ None of the abov | e | | | | |
| Ch Ba ar de Fo | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | appropria balance s document | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can so appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | set |
| | | | | | | | | |
| | | Yes. | - | | ness debtor according to the Subchapter 1 | | in the | Bankruptcy |
| | | Yes. | | | ness debtor according to thunder Subchapter V of Cha | | in the | |
| Part 4: | Report if You Own or Ha | ave Any Hazard | lous Property or Any Prop | erty That Needs Imme | ediate Attention | | | |
| | you own or have any | No. | | | | | | |
| • | operty that poses or is eged to pose a threat | Yes. | What is the hazard? | | | | | |
| | imminent and | | | | | | | |
| | dentifiable hazard to | | | | | | | |
| • | ıblic health or safety? · do you own any | | | | | | | |
| | operty that needs | | | | | | | |
| • | mediate attention? | | If immediate attention is needed, why is it needed? | | | | | _ |
| | r example, do you own rishable goods, or livestock | | | | | | | |
| tha | at must be fed, or a building at needs urgent repairs? | | | | | | | |
| unc | a needs argent repairs: | | | | | | | |
| | | | Where is the property? _ | | | | | _ |
| | | | | Number Stree | ι | | | |
| | | | | | | | | |
| | | | | | | | | _ _ |
| | | | | City | | State | e ZIP Code | |

Debtor 1

Ceria

Latrese

Bellinger

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou |
|----------------------------------------------|
| credit counseling because of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| I received a briefing from an approved credit |
|--------------------------------------------------|
| counseling agency within the 180 days before I |
| filed this bankruptcy petition, and I received a |
| certificate of completion. |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing | about |
|-----------------------------------------|-------|
| credit counseling because of: | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Debtor | 1 Ceria | Latrese | Bellinger | Case Number (if known) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| | First Name | Middle Name | Last Name | | |
| Pari | 6: Answer These Question | s for Reporting Purposes | : | | |
| 16. | What kind of debts do you have? | as "incurred b No. Go to Yes. Go to 16b. Are your de money for a b No. Go to Yes. Go to | y an individual primarily for a per line 16b. o line 17. bts primarily business debt usiness or investment or throug line 16c. o line 17. | ots? Consumer debts are defined in rsonal, family, or household purpose as? Business debts are debts that you have operation of the business or involved the operation of the business debts. | p" Du incurred to obtain |
| 17. | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filin | rative expenses are paid that fu | ne 18. mate that after any exempt property nds will be available to distribute to u | |
| 18. | How many creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | □ 1,000 □ 5,001 □ 10,00 | | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 |
| | How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100 \$100,001-\$50 \$500,001-\$1 r | ,000 | 0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion |
| | How much do you estimate your liabilities to be? 7: Sign Below | □ \$0-\$50,000 □ \$50,001-\$100 ■ \$100,001-\$50 □ \$500,001-\$1 r | ,000 □\$10,0 0,000 □\$50,0 | 0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion |
| | | I have examined thi | s petition, and I declare under p | enalty of perjury that the information | provided is true and |
| correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | r Chapter 7, 11,12, or 13 d I choose to proceed ttorney to help me fill out in this petition. perty by fraud in connection | |
| | | Signature of D | | Signature of I | Debtor 2 |
| | | Executed on _ | 05/11/2022 MM / DD / YYYY | Executed on | MM / DD / YYYY |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
| | First Name | Middle Name | Last Name | |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| ✗ /s/ Ann Renee Kramer | Date | Date: 05/11/202 | 22 |
|----------------------------------|----------|------------------|----------|
| Signature of Attorney for Debtor | Buto | MM / DD / YYYY | |
| Ann Renee Kramer | | | |
| Printed name | | | |
| Geraci Law L.L.C. | | | |
| Firm name | | | |
| 55 E. Monroe St., #3400 | | | |
| Number Street | | | |
| Chicago | | | |
| Chicago | IL | 60603 | |
| City | State | ZIP Code | |
| Contact Phone 312-332-1800 | Email ac | ddress wal@gerac | ilaw.com |
| 1055453 | WI | | |
| Bar number | State | | |

| Fill in this in | formation to id | entify your case: | |
|---------------------|------------------|------------------------------------------------|-----------------|
| Debtor 1 | Ceria | Latrese | Bellinger |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court | for the : <u>EASTERN</u> District of <u>WI</u> | SCONSIN (State) |
| Case Number | | | _ |
| , | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 101,928 |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ 17,474 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ 119,402 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$134,000 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$24,000 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$90,262 |
| | |
| Part 3: Summarize Your Liabilities | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$4,847.26 |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$3,850.00 |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
| | First Name | Middle Name | Last Name | |

| Part 4: Answer These Questions for Administrative and Statistical Records | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the Yes | ne court with your other schedules. |
| 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U Your debts are not primarily consumer debts. You have nothing to report on this part of the form this form to the court with your other schedules. | J.S.C. § 159. |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | Official \$ 6,329.66 |
| 9. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : From Part 4 of Schedule E/F, copy the following: | Total claim |
| 9a. Domestic support obligations (Copy line 6a.) | \$_0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>24,000.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_74,672.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$_0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 98,672.00 |

| Fill in this i | nformation to identify you | r case and this filin | g: | | | | |
|---------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|-----------------|------------------------|
| Dobtor 1 | Ceria | Latrese | Bellinger | | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States | s Bankruptcy Court for the : | EASTERN District of | <u>WISCONSIN</u> | | | | |
| Case Numbe | er | | (State) | | _ | Check if thi | |
| (If known) | | | | | a a | mended f | ling |
| Official F | orm 106A/B | | | | | | |
| Schedu | le A/B: Proper | ty | | | | | 12/15 |
| category wher responsible fo | e you think it fits best. Be r supplying correct inforn our name and case numbe | as complete and ac nation. If more spacer (if known). Answe | asset only once. If an asset fits in more curate as possible. If two married peo- e is needed, attach a separate sheet to er every question. ther Real Esate You Own or Have an Inter- | ple are filing together, this form. On the top o | both are equally | | |
| I — | wn or have any legal or ed | quitable interest in a | ıny residence, building, land, or simila | property? | | | |
| No. | . Describe | | | | | | |
| 100 | . Describe | | What is the property? Check all that ap | ply. | Do not deduct secured claim | ns or exemption | ons. Put |
| 5730 N 9 | 96th St | | Single-family home | | the amount of any secured of Creditors Who Have Claims | | |
| Street add | ress, if available, or other desc | ription | Duplex or multi-unit building | | | | |
| | | | Condominium or cooperative | | Current value of the entire property? | portion ye | alue of the ou own? |
| Milwauke | 20 | WI 53225 | Manufactured or mobile home Land | | s 101,928.00 | • | 101,928.00 |
| City | | tate ZIP Code | Investment property | | \$0 | \$ | 101,920.00 |
| · | | | Timeshare | | Describe the nature of yo | our owners | nin |
| County | | | Other | | interest (such as fee sim | | - |
| | | | Who has an interest in the property? | Check one. | the entireties, or a life es | tat), if knov | /n. |
| | | | Debtor 1 only | | | | |
| | | | Debtor 2 only | | Па и.и | | |
| | | | Debtor 1 and Debtor 2 only | | Check if this is a cor (see instructions) | nmunity pro | perty |
| | | | At least one of the debtors and another | | | | |
| | | | Other information you wish to add ab property identification number: | out this item, such as | local | | |
| | | | <u></u> | | | | |
| | | = | ur entries fro Part 1, including any entr | · - | | | |
| you nave a | ittached for Part 1. Write | that number here | | | / | | \$101,928.00 |
| Part 2: | Describe Your Vehicles | | | | | | |
| _ | · | | ny vehicles, whether they are registered or report it on Schedule G: Executory Co | = | | | |
| | is, trucks, tractors, sport i | | | madio ana onoxpiroa i | 20000. | | |
| ☐No. | .,,,,.,.,.,.,.,.,.,.,.,.,.,.,., | | • | | | | |
| Yes | | Chavralat | | | | | |
| | Make: | Chevrolet | Who has an interest in the property? | Check one. | Do not deduct secured claim the amount of any secured c | | |
| | Model: | Equinox | Debtor 1 only Debtor 2 only | | Creditors Who Have Claims | | |
| | Year: | 2018 | Debtor 1 and Debtor 2 only | | Current value of the | | alue of the |
| | Approximate Mileage: | 38,000 | At least one of the debtors and another | | entire property? | portion yo | u own? |
| | Other information: | | | | \$12,000.00 | \$ | 12,000.00 |
| | Vehicle had been salvage | d | Check if this is community proper instructions) | erty (see | | | |

| Debto | or 1 | Ceria | | Latrese | Bellinger | Case Number (if known) | | | |
|-------|---------------|--------------------------------|-----------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|--------------------|--------------------------------------------------------------|--------------|
| | | First Name | | Middle Name | Last Name | | | | |
| 04. | Exam | nples: Boat No. | | | r recreational vehicles, other thing vessels, snowmobiles, motorcy | | | | |
| | | | - | - | of your entries fro Part 2, incl | | | | \$ 12,000.00 |
| У | ou ha | ve attach | ed for Part 2 | . Write that number he | ere | > | | | |
| P | art 3: | Desc | ribe Your Per | sonal and Household Ite | ms | | | | |
| Do | you ov | wn or hav | ve any legal o | or equitable interest in | any of the following items? | | por Do r | rrent value of tion you ow not deduct sec xemptions | vn? |
| 06. | Exam | _ | ods and furn or appliances, fo | ishings urniture, linens, china, kitch | enware | | | | |
| | | Yes. De | escribe | - | efrigerator, freezer, range, living roos s and pans, small appliances. | m set, dining set, bedroom sets, linens, | \$2,300 | \$ | 2,300.00 |
| 07. | collec | ples: Tele | | | nd digital equipment; computers, pr eras, media players, games | inters, scanners; music | | v | |
| | | Yes. De | escribe | Used Electronics: 3 TVs, 2 | 2 cellphones | | \$800 | \$ | 800.00 |
| 08. | Exam stamp | o, coin, or I No. | ques and figurir | nes; paintings, prints, or oth ollections; other collections | ner artwork; books, pictures, or othe s, memorabilia, collectibles | r art objects; | | | |
| | _ | | | | | | | \$ | 0.00 |
| 09. | Exam and k | ples: Spor | | | by equipment; bicycles, pool tables, | golf clubs, skis; canoes | | | |
| | П, | Yes. De | escribe | | | | | \$ | 0.00 |
| 10. | | | ols, rifles, shotg | uns, ammunition, and relat | ed equipment | | | _ | |
| | | Yes. De | escribe | | | | | \$ | 0.00 |
| 11. | $\overline{}$ | | yday clothes, f | urs, leather coats, designer | wear, shoes, accessories | | | \$ _ | 0.00 |
| | | Yes. De | escribe | Used clothes, shoes and a | accessories | , | \$1,000 | \$ | 1,000.00 |
| 12. | | nples: Ever | | ostume jewelry, engageme | ent rings, wedding rings, heirloom je | welry, watches, gems, gold, silver | | | |
| | | | escribe | Costume jewelry | | | \$200 | \$ | 200.00 |
| 13. | Exam | arm anim nples: Dogs No. | nals s, cats, birds, h | orses | | | | | |
| | | Yes. De | escribe | 2 pet cats, named Stormy | and Daisy | | \$0 | \$ | 0.00 |

Latrese Bellinger Debtor 1 Ceria Case Number (if known) _ Middle Name Last Name 14. Any other personal and household items you did not already list, including any health aids you did not list Describe..... 0.00 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,300.00 Describe Your Financial Assets Part 4: Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes. Describe..... 0.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No. Describe..... Account Type: Institution name: Yes. Checking Account Huntington 11.00 Savings Account Landmark Credit Union 500.00 Checking Account Huntington Bank 663.00 1.174.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No. Describe..... Institution or issuer name: 0.00 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in No. Describe..... Name of Entity and Percent of Ownership: 0.00 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Describe..... Issuer name: 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No. Yes. Describe..... Type of account and Institution name: 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No. Yes. Describe..... Institution name or individual: 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No. Yes. Describe..... Issuer name and description: 0.00 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. Describe..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00

Schedule A/BFHenert05/11/22

Page 3 of 6

| Debto | or 1 | Ceria | Latrese | Bellinger | Case Number (if known) | |
|-------|-----------|--------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|------------------------------|
| | | First Name | Middle Name | Last Name | | |
| | | | | | | |
| 25. | Trus | ts, equitable or | future interests in property (oth | er than anything listed in line | 1), and rights or powers | |
| | | No. | | | | |
| | Ш | Yes. Describ | e | | | |
| | | | | | | \$0.00 |
| 26. | Pate | nts, copyrights | , trademarks, trade secrets, and | other intellectual property | | |
| | Exar | mples: Internet do | main names, websites, proceeds from | royalties and licensing agreements | | |
| | | No. | | | | |
| | | Yes. Describ | e | | | |
| | | | | | | \$0.00 |
| 27. | Licer | nses, franchise | s, and other general intangibles | | | |
| | Exar | mples: Building pe | ermits, exclusive licenses, cooperative | association holdings, liquor licenses | s, professional licenses | |
| | Ш | No. | | | | |
| | | Yes. Describ | e | | | |
| | | | LPN license | | \$0 | , |
| | | | | | | \$0.00 |
| | | | | | | |
| Mor | ney o | r property owed | d to you? | | | Current value of the |
| | - | | • | | | portion you own? |
| | | | | | | Do not deduct secured claims |
| | | | | | | or exemptions |
| | | | | | | |
| 28. | Tax r | refunds owed to | o you | | | |
| | | No. | | | | |
| | \Box | Yes. Describ | e | | | |
| | _ | | | | | \$ 0.00 |
| 29. | Fami | ily support | | | | |
| | | | r lump sum alimony, spousal support, | child support, maintenance, divorce | e settlement, property settlement | |
| | | No. | | | | |
| | П | Yes. Describ | • | | | |
| | ш | res. Describ | G | | | \$ 0.00 |
| 30 | Otho | r amounte com | eone owes you | | | <u> </u> |
| 30. | | | ges, disability insurance payments, dis | eability benefits, sick pay, vacation r | nay workers' compensation | |
| | | | is; unpaid loans you made to someone | | yay, workers compensation, | |
| | | No. | ,, | | | |
| | | | | | | |
| | ш | Yes. Describ | e | | | \$ 0.00 |
| 24 | later | | | | | \$ |
| 31. | | est in insurance | e policies ability, or life insurance; health savings | account (HSA): credit homeowner | r'e or renter'e incurance | |
| | _ | | · · · | | 15, or renter 5 insurance | |
| | | No. | Company Name & Benefic | ciary: | | |
| | | Yes. Describ | | | | |
| | | | | and vision insurance through work. work x 2 policies; no cash surrender | \$0 r value \$0 | |
| | | | reim lile insurance through | work x 2 policies, no cash surrender | r value 50 | \$ 0.00 |
| 22 | Anvi | interest in pren | erty that is due you from somed | ano who has died | | <u> </u> |
| 32. | _ | | ary of a living trust, expect proceeds fr | | rrently entitled to receive | |
| | | perty because som | | on a me insurance policy, or are cu | mently entitled to receive | |
| | | No. | | | | |
| | | | • | | | |
| | ш | Yes. Describ | е | | | |
| ,, | CI-: | na analysis states | I manting subather are at a section. | o filed a levievité au manda a de | mand for normant | \$0.00 |
| 33. | | - | I parties, whether or not you have employment disputes, insurance clain | | ппани тог раушени | |
| | Exai | | employment disputes, insurance clain | is, or rights to sue | | |
| | | No. | | | | |
| | Ш | Yes. Describ | e | | | |
| | | | | | | \$ |
| 34. | Othe | r contingent an | ıd unliquidated claims of every ı | nature, including counterclaim | s of the debtor and rights | |
| | | No. | | | | |
| | | Yes. Describ | e | | | |
| | | | | | | \$0.00 |
| 35. | Any | financial assets | s you did not already list | | | |
| | | No. | , | | | |
| | | Yes. Describ | ۵ ا | | | |
| | Ш | lies. Describ | G | | | \$ 0.00 |
| | | | | | | <u> </u> |
| 20 | . د. د. ۸ | the dellar · · · · | of all of vous entries from D. (| 1 including any anti feet | and you have attached | |
| | | | of all of your entries from Part | | | \$1,174.00 |
| 1 | tor Pa | art 4. Write that | number here | | > | Ţ-, |
| | | | | | | |

 Debtor 1
 Ceria
 Latrese
 Bellinger
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 37. Do you own or have any legal or equitable interest in any business-related property? No. | |
| Yes. | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. Accounts receivable or commissions you already earned No. | |
| Yes. Describe | \$ 0.00 |
| 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. | |
| Yes. Describe | \$ 0.00 |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No. | |
| Yes. Describe | \$ 0.00 |
| 41. Inventory No. | |
| Yes. Describe | \$0.00 |
| 42. Interests in partnerships or joint ventures No. Name of Entity and Percent of Ownership: | |
| Yes. Describe | \$ |
| 43. Customer lists, mailing lists, or other compilations No. | |
| Yes. Describe | \$ 0.00 |
| 44. Any business-related property you did not already list No. | <u> </u> |
| Yes. Describe | \$ |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached | |
| for Part 5. Write that number here> | \$ 0.00 |
| Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. | |
| Yes. Describe | \$0.00 |
| 47. Farm animals Examples: Livestock, poultry, farm-raised fish | |
| No. Yes. Describe | |
| 48. Crops—either growing or harvested | \$0.00 |
| No. | |
| Yes. Describe | \$ |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. | |
| Yes. Describe | \$0.00 |

Bythedulle A/BFPHenert05/11/22

Page 5 of 6

| Debtor | 1 Ceria | Latrese | Bellinger | Case Number (if known) | |
|----------------|------------------------------------------------------|--------------------------------------------------------|-----------------------------------|------------------------|---------------|
| | First Name | Middle Name | Last Name | | |
| 50. F | No. | es, chemicals, and feed | | | |
| | Yes. Describe | | | | \$0.00 |
| 51. <i>A</i> | No. | ial fishing-related propert | y you did not already list | | |
| | Yes. Describe | | | | \$ |
| | | - | t 6, including any entries for pa | | \$0.00 |
| Pa | 17. Describe All Pro | operty You Own or Have an | Interest in That You Did Not List | Above | |
| 53. E | Oo you have other property Examples: Season tickets, | erty of any kind you did no country club membership | ot already list? | | |
| | Yes. Describe | | | | \$ |
| 54. A | add the dollar value of a | III of your entries from Par | t 7. Write that number here | > | \$0.00 |
| Pa | 1:8: List the Totals | of Each Part of this Form | | | |
| 55. P a | art 1: Total real estate, | line 2 | | | \$ 101,928.00 |
| 56. P a | art 2: Total vehicles, lin | ne 5 | | \$ 12,000.00 | |
| 57. P a | art 3: Total personal an | nd household items, line 1 | 5 | \$ 4,300.00 | |
| 58. P | art 4: Total financial as | sets, line 36 | | \$ 1,174.00 | |
| 59. P a | art 5: Total business-re | elated property, line 45 | | \$ 0.00 | |
| 60. P | art 6: Total farm- and fi | shing-related property, lin | e 52 | \$ 0.00 | |
| 61. P a | art 7: Total other prope | erty not listed, line 54 | | \$ 0.00 | |
| 62. T o | otal personal property. | Add lines 56 through 61 | | \$ 17,474.00 | \$ 17,474.00 |
| 63. T | otal of all property on S | chedule A/B. Add line 55 | Fline 62 | | \$119,402.00 |

| Fill in this in | formation to ide | ntify your case: | |
|---------------------|------------------|------------------------------------------------|---------------------|
| Debtor 1 | Ceria | Latrese | Bellinger |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| | | or the : <u>EASTERN</u> District of <u>WIS</u> | SCONSIN_ (State) |
| Case Number | | | - |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | ming state and federal nonbankrupt ming federal exemptions. 11 U.S.C. | | 8 222(D)(3) | |
|--------------------------|-----------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|------------------------------------|
| You are clai | ming rederal exemptions. 11 U.S.C. | § 522(D)(2) | | |
| or any propert | y you list on Schedule A/B that yo | u claim as exempt, fill in t | the information below. | |
| - | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| rief | 2018 Chevrolet Equinox with over | . 12 000 | - 42,000 | 11 USC & 522(d)(2) - \$4,450.00 |
| escription: | 38,000 miles. | \$_12,000 | \$ | 11 USC & 522(d)(5) - \$7,550.00 |
| ine from | 00 | | 100% of fair market value, up to | |
| chedule A/B: | 03 | | any applicable statutory limit | |
| rief | Used household goods: refrigerator, freezer, range, living | \$ 2,300 | \$ 2,300 | 11 USC & 522(d)(3) - \$2,300.00 |
| escription: | room set, dining set, bedroom sets, | \$ | \$ | |
| ine from | linens, washer/dryer, utensils, pots 06 | | 100% of fair market value, up to | |
| chedule A/B: | <u>00</u> | | any applicable statutory limit | |
| rief | Used Electronics: 3 TVs, 2 cellphones | _{\$} 800 | s 800 | 11 USC & 522(d)(3) - \$800.00 |
| escription: | Celiphones | \$ | 5 | |
| ine from chedule A/B: | <u>07</u> | | 100% of fair market value, up to any applicable statutory limit | |
| rief | Used clothes, shoes and | 4.000 | | 11 USC & 522(d)(3) - \$1,000.00 |
| escription: | accessories | \$_1,000 | \$1,000 | |
| ine from | | | 100% of fair market value, up to | |
| chedule A/B: | <u>11</u> | | any applicable statutory limit | |
| | | | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
| | First Name | Middle Name | Last Name | |

| Brief Costume jewelry \$ 200 \$ \$ 1.875 \$ 11 USC & 522(d)(4) - \$1.875.01 \$ 200 \$ \$ 1.875 \$ 11 USC & 522(d)(4) - \$1.875.01 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ \$ 1.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 200 \$ 2.875 \$ 20 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| description: Secretable A/B: 12 |
| any applicable statutory limit Checking Account, Huntington, 11.00 Solid Checking Account, Huntington, 11.00 Solid Savings Account, Landmark Credit Union, 500.00 Solid Checking Account, Landmark Credit Union, 500.00 Solid Checking Account, Landmark Credit Union, 500.00 Solid Checking Account, Huntington Bank, 663.00 Solid |
| description: 11.00 \$ 11 \$ 11 \$ 11 \$ 11 \$ 11 \$ 11 \$ 1 |
| any applicable statutory limit Solicition: Union, 500.00 Solocition: Union, 500.00 |
| lescription: Union, 500.00 \$ 500 \$ 500 \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ 500 \$ \$ \$ \$ |
| any applicable statutory limit Checking Account, Huntington S 663 S 663 Ine from 100% of fair market value, up to any applicable statutory limit Interfect Term life insurance through work x 2 policies; no cash surrender value S 0 Interfect 100% of fair market value, up to any applicable statutory limit Interfect Term life insurance through work x 2 policies; no cash surrender value S 0 Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit Interfect 100% of fair market value, up to any applicable statutory limit |
| sescription: Bank, 663.00 \$ 663 \$ 663 \$ 663 \$ 663 \$ 663 \$ 663 \$ 663 \$ 663 \$ 663 \$ 663 \$ 100% of fair market value, up to any applicable statutory limit Term life insurance through work x 2 policies; no cash surrender value \$ 0 \$ 0 \$ 100% of fair market value, up to any applicable statutory limit \$ 11 USC & 522(d)(7) - \$0.00 \$ 0 \$ 100% of fair market value, up to any applicable statutory limit |
| any applicable statutory limit Term life insurance through work x escription: 2 policies; no cash surrender value \$ 0 |
| lescription: 2 policies; no cash surrender value \$ 0 |
| chedule A/B: 31 any applicable statutory limit |
| re you claiming a homestead exemption of more than \$189,050? |
| Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes. |

| Fill in this ir | nformation to identify | your case: | | | | |
|--------------------------|-------------------------------------|----------------------------|-------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------|
| Debtor 1 | Ceria | Latrese | Bellinger | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the | e: <u>EASTERN</u> Di | strict of <u>WISCONSIN</u> (State) | | | |
| Case Numbe (If known) | r | | | | Check if thi amended fi | |
| Official F | orm 106D | | <u>. </u> | | | J |
| | | Who Have | Claims Secured by Property | | | 12/15 |
| | | | ed people are filing together, both are equally re | sponsible for supplying correct | | |
| nformation. If | | d, copy the Addition | onal Page, fill it out, number the entries, and atta | | | |
| | editors have claims s | , | , | | | |
| ∏ No. Ch | neck this box and sub | mit this form to the | court with your other schedules. You have nothing | else to report on this form. | | |
| _ | ill in all of the informat | | , | · | | |
| | | | | | | |
| Part 1: | List All Secured Claim | ıs | | | | |
| 2. List all se | ocured claims. If a cre | editor has more that | n one secured claim, list the creditor separately | Column A | Column A | Column C |
| | | | rticular claim, list the other creditors in Part 2. | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| As much a | as possible, list the cla | aims in alphabetica | I order according to the creditors name. | value of collateral | claim | If any |
| 2.1 21st M | ortgage Corporation | | Describe the property that secures the claim: | \$ <u>134,000.00</u> | \$ <u>101,928.00</u> | <u>\$ 32,072.0</u> 0 |
| Creditor's | | / F | 5730 N 96th St Milwaukee WI 53225 - Primary | | | |
| Number | OUTH WACKER DRIV | <u></u> | Residence | | | |
| | | | As of the date you file, the claim is: Check all that | apply. | | |
| | | | Contingent | , | | |
| CHICA | | IL 60606 State Zip Code | Unliquidated | | | |
| Oity | | State Zip Code | Disputed | | | |
| | s the debt? Check one. | | Nature of Lien. Check all that apply. | | | |
| Debtor | * | | An agreement you made (such as mortgage or sec | cured | | |
| Debtor | - | | car loan) | | | |
| = | 1 and Debtor 2 only | | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At leas | t one of the debtors and | another | Judgment lien from a lawsuit | | | |
| | if this claim relates to unity debt | а | Other (including a right to offset) | | | |
| | - | 00 | Last 4 digits of account number | | | |
| Date Debt | was incurred | | | | | |
| | | | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>134,000.00</u>

Schedule D: Creditors Who Have Claims Secured by Property

| Ceria | Latrese | Bellinger | Case Number (if known) |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name | , , |

| | 7 |
|--|---|
| | |

Debtor 1

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| debts | in Part 1, do not fill out or submit this page. | | | |
|-------|-------------------------------------------------|----------|-----------------------------------------------------|-----|
| 2.1 | Milwaukee County Circuit Court, 2019CV009136 | | On which line in Part 1 did you enter the creditor? | 2.1 |
| | Name 901 N. 9th ST. | | Last 4 digits of account number | |
| | Number Street | | | |
| | Milwaukee WI | 53233 | | |
| | | | | |
| | City State | Zip Code | | |
| 2.1 | Bryan Ward LLC, 2019CV009136 | | | |
| | Name 5555 N Port Washington Rd Ste 305 | | Last 4 digits of account number | |
| | Number Street | | | |
| | | | | |
| | Milwaukee WI | 53217 | | |
| | City State | Zip Code | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>134,000.00</u>

Official Form 106D Record # 878996 Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this in | formation to identify | your case: | | | | | | |
|---------------------------|---------------------------------------|-----------------------------------------|------------------------------------------------------------------------|-------------------------|-----------------|--------------------|---------------------|--------------------|
| | Corio | Latropa | Dollingor | | | | | |
| Debtor 1 | Ceria First Name | Latrese Middle Name | Bellinger Last Name | | | | | |
| Debtor 2 | riistivaille | wildlie Name | Lastivanie | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| Linited Otatas | Danis and a Count for the | - FACTEDNI District | £ M//CCONCINI | | | | | |
| United States | Bankruptcy Court for the | e : <u>EASTERN</u> District o | (State) | | | | Поветь: | this is an |
| Case Number (If known) | | | | | | | | |
| , , | orm 106E/E | | | | | | amende | u illing |
| | orm 106E/F | | | | | | | 40 |
| <u>Schedule</u> | E/F: Credito | <u>rs Who Have U</u> | Insecured Claims | | | | | 12 |
| top of any addit | tional pages, write yo | our name and case num | es in the boxes on the left. Att ber (if known). | | | | | |
| 1. Do any cred | ditors have priority ι | insecured claims again: | st you? | | | | | |
| □ No. Go | to Part 2. | _ | • | | | | | |
| Yes. | 10 1 4.11 2. | | | | | | | |
| | our priority unsecur | ad claims. If a creditor h | as more than one priority unsec | cured claim, list the c | reditor senara | ately for each cla | aim For | |
| _ | • • | | m has both priority and nonprior | | • | • | | |
| | | · · | in alphabetical order according | | - | | • | |
| | | ŭ | If more than one creditor holds tions for this form in the instruct | • | ist the other o | reditors in Part | 3. | |
| (, 2, 2,, 2,, 4 | , , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , , | | , | | Total claim | Priority amount | Nonpriority amount |
| 2.1 IRS Nor | n-Priority | La | st 4 digits of account number _ | | , | 12,000.00 | \$ <u>12,000.00</u> | \$ <u>0.00</u> |
| Creditor's I | | 1A/I | nen was the debt incurred? | 2017-2021 | | | | |
| Number | Street | | ien was the debt incurred? | | | | | |
| | | Δς | of the date you file, the claim is: | · Check all that apply | | | | |
| | | | Contingent | . Oncox all that apply. | | | | |
| Philadel | · | PA 19101 | Unliquidated | | | | | |
| City Who owes | the debt? Check one. | State Zip Code | Disputed | | | | | |
| Debtor ' | 1 only | | | | | | | |
| Debtor 2 | 2 only | Ту | pe of PRIORITY unsecured claim | n: | | | | |
| = | 1 and Debtor 2 only | | Domestic support obligations | | | | | |
| = | one of the debtors and | | Taxes and certain other debts you | owe the government | | | | |
| | if this claim relates to | a \square | Claims for death or personal injury | ushilo vou ve | | | | |
| | unity debt n subject to offest? | | Claims for death or personal injury intoxicated | wniie you were | | | | |
| No | | | Other. Specify | | | | | |
| Yes | | | | | | | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if | ⁻ known) | | _ | | | |
|-----------------------------------------------------|--------------------------------|-----------------------------|------------------------------------------|-------------------------------|--------------------------|---------------------|----------------|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | | |
| Part | Your PRIORITY U | Insecured Claims - Continu | uation Page | | | | | | | |
| | | | | | | | | | | |
| After listing any entries on this page, number them | | | ginning with 2.3, followed by 2.4, ar | nd so forth. | Total claim | Priority | Nonpriority | | | |
| | | | | | | amount | amount | | | |
| | | | | | | | | | | |
| 2.2 | Wisconsin Dept. of Rev | venue | Last 4 digits of account number | | \$ _12,000.00 | \$ 12,000.00 | \$ <u>0.00</u> | | | |
| <u> </u> | Creditor's Name | | | | | | | | | |
| | PO Box 8901 | | When was the debt incurred? | 2017-2021 | | | | | | |
| | Number Street | | | | | | | | | |
| | | | As of the date you file, the claim is: | Check all that apply. | | | | | | |
| - | | | Contingent | onoon an endeappiy. | | | | | | |
| | Madison | WI 53708-8901 | | | | | | | | |
| | City | State Zip Code | Unliquidated | | | | | | | |
| WI | no owes the debt? Chec | k one. | Disputed | | | | | | | |
| | Debtor 1 only | | | | | | | | | |
| | Debtor 2 only | | Type of PRIORITY unsecured claim | : | | | | | | |
| | Debtor 1 and Debtor 2 or | nly | Domestic support obligations | | | | | | | |
| ▎▕▔ | At least one of the debtor | rs and another | Taxes and certain other debts you | owe the government | | | | | | |
| F | Check if this claim rela | | _ | | | | | | | |
| - | community debt | ates to a | Claims for death or personal injury | while vou were | | | | | | |
| Is | the claim subject to offe | est? | intoxicated | | | | | | | |
| No | | | Other. Specify | | | | | | | |
| | Yes | | | | | | | | | |
| | List All of Your I | NONPRIORITY Unsecured | Claime | | | | | | | |
| Part | List All of Tour | MONFRIORITI Oliseculeu | Olailli S | | | | | | | |
| 3. Do a | any creditors have no | npriority unsecured clair | ns against vou? | | | | | | | |
| _ | - | - | | | | | | | | |
| ⊔ | No. You have nothing | to report in this part. Sub | omit this form to the court with your of | ther schedules. | | | | | | |
| | Yes. | | | | | | | | | |
| 4 List | all of your nonpriority | vunsecured claims in the | e alphabetical order of the creditor | who holds each claim. If a c | reditor has more than o | ine | | | | |
| | | | tely for each claim. For each claim lis | | | | | | | |
| | · · | · · | particular claim, list the other credito | | | <u>-</u> | | | | |
| | ms fill out the Continua | | particular claim, not the other create | o in rait o.ii you navo moro | and an end nonpriority o | nocourou | | | | |
| Oldii | no im out the continua | alon rago or rait z. | | | | | Total claim | | | |
| 4.1 | Acar Leasing Ltd | | Last 4 digits of account number | | | | \$ 373.00 | | | |
| | Creditor's Name | | | | | | · | | | |
| | 801 Cherry Street | | When was the debt incurred? | | | | | | | |
| | Number Street | | | | | | | | | |
| | | | | | | | | | | |
| | | | As of the date you file, the claim is: | Check all that apply. | | | | | | |
| | Fort Worth | TX 76102 | Contingent | | | | | | | |
| | | | Unliquidated | | | | | | | |
| | City 10 owes the debt? Chec | State Zip Code k one. | Disputed | | | | | | | |
| | Debtor 1 only | | _ | | | | | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured | alaim. | | | | | | |
| _ = | | alı. | ri e | Jaim. | | | | | | |
| = | Debtor 1 and Debtor 2 or | - | Student loans. | | | | | | | |
| | At least one of the debtor | | Obligations arising out of a separati | - | | | | | | |
| | Check if this claim rela | ates to a | that you did not report as priority cla | | | | | | | |
| | community debt | not? | Debts to pension or profit-sharing p | lans, and other similar debts | | | | | | |
| IS I | the claim subject to offe | estr | | | | | | | | |
| | No 1 | | Other. Specify Debt Owed | | | | | | | |
| | Yes | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | Caria | Latera | Dellinens | |
|----------|-------|---------|-----------|------------------------|
| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
| | | | | |

| After listing any entries on this page, number them | beginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|-----------------------------------------------------|-------------------------------------------------------------------|--------------------|
| 4.2 Americash Loans Of Wisconsin Llc | Last 4 digits of account number | \$ <u>3,197.81</u> |
| Creditor's Name | | |
| 801 South 108th St | When was the debt incurred? | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| West Allis WI 53214 | Unliquidated | |
| City State Zip Code | Disputed | |
| Who owes the debt? Check one. | | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans. | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| No | Other, Specify Lawsuit Pending | |
| Yes | Other. SpecifyLawsuit Pending | |
| 4.3 Americollect | Last 4 digits of account number nger | \$ 0.00 |
| Creditor's Name | | · |
| PO Box 2080 | When was the debt incurred? 2019 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | | |
| Manitowoc WI 54221 | ☐ Contingent | |
| City State Zip Code | Unliquidated | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans. | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify Credit Card or Credit Use | |
| ∐Yes | | |
| 4.4 Americredit Financial Services Inc | Last 4 digits of account number nger | \$ <u>0.00</u> |
| Creditor's Name | When we the debt in summed 2 | |
| 4001 Embarcadero | When was the debt incurred? | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| Adhartas TV 70044 | Contingent | |
| Arlington TX 76014 | Unliquidated | |
| City State Zip Code Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | _ | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans. | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify Debt Owed | |
| Yes | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|-------|---------|-----------|------------------------|
| | = | | | |

| After li | sting any entries on this page, number them be | ginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|----------|----------------------------------------------------|-------------------------------------------------------------------|------------------|
| 4.5 | Atty Arnold Leuders III | Last 4 digits of account number | \$ <u>0.00</u> |
| 7.5 | Creditor's Name | | • |
| | 626 E. Wisconsin Avenue #1000 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Milwaukee WI 53202 | Unliquidated | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | |
| ľ | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ls | s the claim subject to offest? | | |
| | No | Other. Specify Attorney's Fees & Notice | |
| | Yes | | |
| 4.6 | Capital ONE | Last 4 digits of account number nger | \$ 386.00 |
| | Creditor's Name | 2040 2040 | |
| | Po Box 31293 | When was the debt incurred? 2016-2019 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Salt Lake City UT 84131 | Unliquidated | |
| l v | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| Ī | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Ī | Debtor 1 and Debtor 2 only | Student loans. | |
| Ī | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority claims | |
| ۱ ۲ | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is | s the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| <u> </u> | Yes | | |
| 4.7 | Chex Systems | Last 4 digits of account number | \$ <u>0.00</u> |
| | Creditor's Name 7805 Hudson Rd., #100 | When was the debt incurred? 2019 | |
| | | When was the dept incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Woodbury MN 55125-1595 | Contingent | |
| | City State Zip Code | Unliquidated | |
| l v | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offest? | | |
| | No Tv. | Other. Specify NSF Checks | |
| ı L | Yes | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|-------|---------|-----------|------------------------|
| | | | | |

| After listing any entries on this page, number them | beginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|-----------------------------------------------------|-------------------------------------------------------------------|------------------|
| 4.8 City of Milwaukee | Last 4 digits of account number 0 | \$ <u>0.00</u> |
| Creditor's Name | | |
| 841 N. Broadway, Rm. 406 | When was the debt incurred? 2018 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Milwaukee WI 53202 | Unliquidated | |
| City State Zip Code | | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans. | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify Notice Only | |
| Yes | | |
| 4.9 Credit Collection Services | Last 4 digits of account number nger | \$ 0.00 |
| Creditor's Name | | |
| Two Wells Ave., Dept. 7249 | When was the debt incurred? 2018 | |
| Number Street | | |
| | | |
| | As of the date you file, the claim is: Check all that apply. | |
| Newton MA 02459 | Contingent | |
| City State Zip Code | Unliquidated | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans. | |
| | Obligations arising out of a separation agreement or divorce | |
| At least one of the debtors and another | | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| No | Publicus d | |
| . | Other. Specify Debt Owed | |
| Yes ONE DANK N.A. | 0070 | + 040 00 |
| 4.10 Credit ONE BANK N.A. | Last 4 digits of account number 2372 | \$ <u>610.00</u> |
| Creditor's Name | When was the debt incurred? 2022-2022 | |
| Po Box 1269 | When was the debt incurred? 2022-2022 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Greenville SC 29602 | Unliquidated | |
| City State Zip Code | Disputed | |
| Who owes the debt? Check one. | Biopaled | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans. | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify Unknown Credit Extension | |
| Yes | <u> </u> | |

| ebtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|---------|-------|---------|-----------|------------------------|
|---------|-------|---------|-----------|------------------------|

| After li | sting any entries on this page, number them b | eginning with 4.4, followed by 4.5, and so forth. | Total Claim | | |
|----------|----------------------------------------------------|-------------------------------------------------------------------|----------------|--|--|
| 4.11 | Equifax | Last 4 digits of account number 0858 | \$ <u>0.00</u> | | |
| | Creditor's Name | | | | |
| | PO Box 740241 | When was the debt incurred? | | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | · | | | | |
| | Atlanta GA 30374 | ☐ Contingent | | | |
| | City State Zip Code | Unliquidated | | | |
| V | Who owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| Ī | Debtor 1 and Debtor 2 only | Student loans. | | | |
| Ì | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | |
| 1 | Check if this claim relates to a | that you did not report as priority claims | | | |
| " | community debt | Debts to pension or profit-sharing plans, and other similar debts | | | |
| l: | s the claim subject to offest? | | | | |
| | No | Other. Specify Notice Only | | | |
| Ī | Yes | Other. Opening | | | |
| 4.12 | Experian | Last 4 digits of account number 0858 | \$ 0.00 | | |
| 4.12 | Creditor's Name | | · | | |
| | PO Box 2002 | When was the debt incurred? | | | |
| | Number Street | | | | |
| | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | Allen TX 75013 | Contingent | | | |
| | City State Zip Code | Unliquidated | | | |
| V | Who owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | | | | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| 1 | Debtor 1 and Debtor 2 only | Student loans. | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | |
| | | | | | |
| [| Check if this claim relates to a | that you did not report as priority claims | | | |
| | community debt s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | | | |
| Ï | No | Notice Only | | | |
| l î | Yes | Other. Specify Notice Only | | | |
| H | IC System, Inc. | ngor ngor | \$ 250.00 | | |
| 4.13 | | Last 4 digits of account number nger | \$ 200.00 | | |
| | Creditor's Name 444 Highway 96 E | When was the debt incurred? | | | |
| | | | | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | | Contingent | | | |
| | Saint Paul MN 55127 | Unliquidated | | | |
| v | City State Zip Code Who owes the debt? Check one. | Disputed | | | |
| ľ | Debtor 1 only | | | | |
| | = | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans. | | | |
| L | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | |
| | Check if this claim relates to a | that you did not report as priority claims | | | |
| - | community debt | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | s the claim subject to offest? | | | | |
| | No | Other. Specify Collecting for Creditor | | | |
| | Yes | | | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|------------|---------|-----------|------------------------|
| | Flord Name | | | |

| After li | sting any entries on this page, number them b | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|----------|----------------------------------------------------|-----------------------------------------------------------------|--------------------|
| 4 14 | Kohls/Capone | Last 4 digits of account number | \$ 249.00 |
| 4.14 | Creditor's Name | Last 4 digits of account number | |
| | N56 Ridgewood Dr | When was the debt incurred? 2015-2019 | |
| | Number Street | | |
| | | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Menomonee Fal WI 53051 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ١ ١ | Who owes the debt? Check one. | Disputed | |
| 1 | Debtor 1 only | | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| l i | Debtor 1 and Debtor 2 only | Student loans. | |
| l i | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| 1 | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar det | to |
| l i | s the claim subject to offest? | Debts to pension of profit-sharing plans, and other similar det | |
| 1 | No | Other. Specify | |
| l i | Yes | Other. Specify | - |
| 4.45 | Kohls/Capone | Last 4 digits of account number 9139 | \$ 249.00 |
| 4.15 | Creditor's Name | Last 4 digits of account number | <u> </u> |
| | PO box 3115 | When was the debt incurred? 2015-2017 | |
| | Number Street | | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Milwaukee WI 53201 | Contingent | |
| | | Unliquidated | |
| ١ ، | City State Zip Code Who owes the debt? Check one. | Disputed | |
| l i | Debtor 1 only | _ | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| l i | = | Student loans. | |
| | Debtor 1 and Debtor 2 only | _ 🚍 | |
| ! | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| L | Check if this claim relates to a | that you did not report as priority claims | |
| ١, | community debt s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar det | ts |
| l i | No | One did Consider Consider Line | |
| l i | = | Other. Specify Credit Card or Credit Use | - |
| | Yes | 5007 | ÷ 5 400 00 |
| 4.16 | NET Credit | Last 4 digits of account number5027 | \$ <u>5,408.00</u> |
| | Creditor's Name | When was the debt incurred? 2021-2022 | |
| | 175 W Jackson Blvd Ste 1 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago IL 60604 | Unliquidated | |
| Ι. | City State Zip Code | Disputed | |
| ` | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| ļ | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans. | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar det | ts |
| ! | s the claim subject to offest? | | |
| | No | Other. Specify Personal Loan | _ |
| [| Yes | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
| | First Namo | Middle Name | Last Name | |

| After listing any entrie | s on this page, number them | beginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|--------------------------|-----------------------------|----------------------------------------------------------------|--------------------|
| 4.17 PH Fin Svcs | | Last 4 digits of account number 7307 | \$ <u>1,375.00</u> |
| Creditor's Name | | 2017 | |
| 204 Fabricator | Dr | When was the debt incurred? 2017 | |
| Number S | Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| Fenton | MO 63026 | Unliquidated | |
| City Who owes the del | State Zip Code | Disputed | |
| Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and De | ebtor 2 only | Student loans. | |
| = | he debtors and another | Obligations arising out of a separation agreement or divorce | e |
| | laim relates to a | that you did not report as priority claims | |
| community de | | Debts to pension or profit-sharing plans, and other similar of | debts |
| Is the claim subje | ct to offest? | _ | |
| No | | Other. Specify Debt Owed | |
| Yes | | | |
| 4.18 Santander Cor | nsumer USA | Last 4 digits of account number | \$ <u>600.00</u> |
| Creditor's Name | _ | When was the debt incurred? 2017 | |
| PO Box 96124 | | When was the debt incurred? | |
| Number S | Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| Ft Worth | TX 76161 | Contingent | |
| City | State Zip Code | Unliquidated | |
| Who owes the del | | Disputed | |
| Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and De | ebtor 2 only | Student loans. | |
| At least one of t | he debtors and another | Obligations arising out of a separation agreement or divorce | e |
| Check if this o | laim relates to a | that you did not report as priority claims | |
| community de | | Debts to pension or profit-sharing plans, and other similar of | debts |
| Is the claim subje | ct to offest? | - | |
| Yes | | Other. Specify Deficiency, Repo'd/Surr'd Auto | |
| SDEEDV CAS | H/CURO | Last 4 digits of account number 6997 | \$ 0.00 |
| 4.19 SPEEDT CAS | 11/00110 | Last 4 digits of account number6997 | \$ <u>0.00</u> |
| 3527 N Ridge I | ₹d | When was the debt incurred? 2021-2022 | |
| Number S | Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| Wichita | KS 67205 | Unliquidated | |
| City | State Zip Code | Disputed | |
| Who owes the del | bt? Check one. | Disputed | |
| Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and De | • | Student loans. | |
| | he debtors and another | Obligations arising out of a separation agreement or divorce | е |
| | laim relates to a | that you did not report as priority claims | dobto |
| community de | | Debts to pension or profit-sharing plans, and other similar of | IENIO |
| No | | Other. Specify Personal Loan | |
| Yes | | Guidi. Opodity | _ |

| ebtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|---------|-------|---------|-----------|------------------------|
|---------|-------|---------|-----------|------------------------|

| THE Huntington NATL BA Creditor's Name Po Roy 1558 When was the debt incurred? 2021-2022 | \$ <u>249.00</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Creditor's Name | |
| | |
| Po Box 1558 When was the debt incurred? | |
| Number Street | |
| As of the date you file, the claim is: Check all that apply. | |
| Contingent | |
| Columbus OH 43216 Unliquidated | |
| City State Zip Code Who owes the debt? Check one. Disputed | |
| Debtor 1 only | |
| Debtor 2 only Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only Student loans. | |
| | |
| | |
| Check if this claim relates to a that you did not report as priority claims community debt Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | |
| No Other. Specify _ Credit Card or Credit Use | |
| Yes | |
| 4.21 Transunion Last 4 digits of account number 0858 | \$ 0.00 |
| Creditor's Name | |
| PO Box 1000 When was the debt incurred? | |
| Number Street | |
| As of the date you file, the claim is: Check all that apply. | |
| Contingent | |
| Chester PA 19022 Unliquidated | |
| City State Zip Code Who owes the debt? Check one. Disputed | |
| The ones the destriction. | |
| Debtor 1 only | |
| Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. | |
| ☐ Debtor 1 and Debtor 2 only ☐ Student loans. ☐ At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce | |
| | |
| Check if this claim relates to a that you did not report as priority claims community debt Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | |
| No Other. Specify Notice Only | |
| Yes | |
| 4.22 Tri-State Adjustments, Inc. Last 4 digits of account number | \$ <u>0.00</u> |
| Creditor's Name | |
| PO Box 3219 When was the debt incurred? 2018 | |
| Number Street | |
| As of the date you file, the claim is: Check all that apply. | |
| Contingent | |
| La Crosse WI 54602 Unliquidated | |
| City State Zip Code Who owes the debt? Check one. Disputed | |
| Debtor 1 only | |
| Debtor 2 only Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only Student loans. | |
| At least one of the debtors and another Obligations arising out of a separation agreement or divorce | |
| | |
| Check if this claim relates to a that you did not report as priority claims community debt Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | |
| No Other. Specify _ Credit Card or Credit Use | |
| Yes | |

| ebtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|---------|-------|---------|-----------|------------------------|
|---------|-------|---------|-----------|------------------------|

| After listing any entries on this page, number them be | beginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.23 U S DEPT OF ED/GSL/ATL | Last 4 digits of account number 0692 | \$ <u>9,626.00</u> |
| Creditor's Name | | |
| Po Box 4222 | When was the debt incurred? 2014-2017 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| lowa City IA 52244 | Unliquidated | |
| City State Zip Code | Disputed | |
| Who owes the debt? Check one. | | |
| Debtor 1 only Debtor 2 only | Toward MONDRIODITY and a second delains | |
| ' | Type of NONPRIORITY unsecured claim: Student loans. | Interest keeps running on most |
| Debtor 1 and Debtor 2 only | 一 | non-dischargeable debts including student loans, |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | and other educational debts. You may owe more |
| Check if this claim relates to a community debt | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | after the case is over than you did before filing. |
| Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| No | Other. Specify | |
| Yes | Other. Specify | |
| 4.24 U S DEPT OF ED/GSL/ATL | Last 4 digits of account number 6098 | \$ 65,046.00 |
| Creditor's Name | | · |
| Po Box 4222 | When was the debt incurred? 2014-2017 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Iowa City IA 52244 | Unliquidated | |
| City State Zip Code | Disputed | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | Literature de la constante de |
| Debtor 1 and Debtor 2 only | Student loans. | Interest keeps running on most non-dischargeable debts including student loans, |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | and other educational debts. You may owe more |
| Check if this claim relates to a | that you did not report as priority claims | after the case is over than you did before filing. |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| ■ No | Other. Specify | |
| Yes WE Energies | naor naor | ÷ 2 500 00 |
| 4.25 WE Energies | Last 4 digits of account number nger | \$ <u>2,500.00</u> |
| Creditor's Name 333 W. Everett Street | When was the debt incurred? 2019-2022 | |
| Number Street | THE WAS THE GEST MEATICAL. | |
| | | |
| Room A130 | As of the date you file, the claim is: Check all that apply. | |
| Milwaukee WI 53203 | Contingent | |
| City State Zip Code | Unliquidated | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans. | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify Utility Bills/Cellular Service | |
| Yes | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) | |
|----------|-------------------------------------------|----------------|-------------------------------------------------------------------------|----------------------------------|-------------------|
| 4.26 | First Name Webbank/Fingerhut | Middle Name | Last Name Last 4 digits of account number | | \$ _143.00 |
| | Creditor's Name 6250 Ridgewood Rd | | When was the debt incurred? | 2020-2021 | |
| | Number Street | | | | |
| | | | As of the date you file, the claim i | is: Check all that apply. | |
| | Saint Cloud | MN 56303 | Contingent Unliquidated | | |
| \ v | City Who owes the debt? Check o | State Zip Code | Disputed | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured | d claim: | |
| [| Debtor 1 and Debtor 2 only | | Student loans. | | |
| [| At least one of the debtors a | and another | Obligations arising out of a separa | ration agreement or divorce | |
| | Check if this claim relate community debt | s to a | that you did not report as priority Debts to pension or profit-sharing | | |
| ls | s the claim subject to offest | ? | Debts to pension or profit-straining | g pians, and other similar debts | |
| | No Ves | | Other. Specify Credit Card o | or Credit Use | |

| ebtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|---------|-------|---------|-----------|------------------------|
|---------|-------|---------|-----------|------------------------|

| | 1121 | Ivai |
|--|------|------|
| | | |
| | | |
| | | |

List Others to Be Notified for a Debt That You Already Listed

| 5. | Use this page only if you have others to be notified about yo example, if a collection agency is trying to collect from you to 2, then list the collection agency here. Similarly, if you have additional creditors here. If you do not have additional personal creditors here. | or a debt you more than one | owe to someone else, list the original ecreditor for any of the debts that you | creditor in Parts 1 or listed in Parts 1 or 2, list the |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------|
| | Milwaukee County Circuit Court, 2016SC016609 | | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | Name 901 N. 9th ST. | | Line1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Milwaukee WI City State Zip C | 53233 | Last 4 digits of account number | |
| | Galanis, Pollack, Jacobs &, 2016SC016609 | oue | On which entry in Bout 4 or Bout 2 lie | t the existent exeditor? |
| | Name | | On which entry in Part 1 or Part 2 lis Line1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | 839 N Jefferson Ave. Number Street | | Line or (Check one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| | STE 200 | | | |
| | Milwaukee WI | 53202 | Last 4 digits of account number | |
| | City State Zip C | code | | |
| | Milwaukee County Circuit Court, 2013SC037000 | | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | 901 N. 9th ST. | | Line 2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Milwaukee WI | 53233 | Last 4 digits of account number | |
| | City State Zip C | | Last 4 digits of account number | |
| | Keith Shindler Ltd dba Shindler & Joyce, 2013SC037000 | | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | Name 1990 E Algonquin Rd Ste 180 | | Line 2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | |
| | Schaumburg IL City State Zip C | 60173 | Last 4 digits of account number | |
| | Capital One | , out | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | Name | | Line ⁶ of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | PO Box 790216 Number Street | | Line or (Check one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | |
| | Saint Louis MO | 63179 | Last 4 digits of account number | <u>nqer</u> |
| | City State Zip C | ode | | |
| | Capital One Bank USA NA | | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | PO Box 30281 | | Line 6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Salt Lake City UT | 84130 | Last 4 digits of account number | nger |
| | City State Zip C | | | |
| | | | | |

| Debt | or 1 | Ceria | Latrese | Bellinger | Case I | Number (if known) |
|------|----------------|----------------------------|--------------|--------------|------------------------------------------|-------------------------------------------------------------------------------------------------------|
| l | | First Name | Middle Name | Last Name | | |
| - | Credit | Collection Service | | | On which entry in Part 1 or Part 2 li | st the original creditor? |
| | Name PO Bo | ox 9133 | | | Line 9 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| - | Number | Street | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | | | |
| | Needh | nam | MA | 02494 | Last 4 digits of account number | nger |
| - | City | | State Zip Co | ode | | |
| | Credit | One BAnk | | | On which entry in Part 1 or Part 2 li | st the original creditor? |
| | Name PO Bo | ox 98873 | | | Line10_ of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| - | Number | Street | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | | | |
| | Las Ve | egas | NV | 89193 | Last 4 digits of account number | 2372 |
| - | City | | State Zip Co | | | |
| | IC Sys | stem Inc | | | On which entry in Part 1 or Part 2 li | st the original creditor? |
| | Name PO Bo | ox 64886 | | | Line 11 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| - | Number | Street | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | | | _ , , |
| - | Saint I | Paul | MN | 55164 | Last 4 digits of account number | nger |
| - | City | | State Zip Co | | Last 4 digits of account number | |
| | PH Fir | n Svcs | | | On which entry in Part 1 or Part 2 li | st the original creditor? |
| | Name | Powlog Avonus | | | Line 15 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| - | Number | Bowles Avenue Street | | | Line or (Check one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Number | Gueer | | | | Tart 2. Greditors with Nonphority offsecured Grains |
| - | t- | _ | | | | 7007 |
| - | Fentor City | n | State Zip Co | 63026 ode | Last 4 digits of account number | |
| | | ate Adjustments Brookfield | | | On which cutton in Board 4 on Board 6 II | at the and short and the O |
| - | Name | ate Aujustinents Brookheid | | | On which entry in Part 1 or Part 2 li | st the original creditor? |
| | | Watertown Road Suite 108 | | | Line 19 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number | Street | | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| - | Wauke | esha | WI | 53186 | Last 4 digits of account number | |
| - | City | | State Zip Co | | Last 4 digits of account number | |
| | US De | ept of Education/gsl/atl | | | On which entry in Part 1 or Part 2 li | st the original creditor? |
| - | Name | | | | - | Part 1: Creditors with Priority Unsecured Claims |
| - | | 0x 5609 | | | Line 20 of (Check one): | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Number | Street | | | | are 2. Greations with Monthholity Offsecured Glaims |
| | Green | ville | TX | 75403 | Last 4 digits of account number | 6098 |
| - | City | - | State Zip Co | | | |
| | | | | | | |

| Debtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|----------|-------|---------|-----------|------------------------|
| | | | | |

First Name

Middle Name

Last Name

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------|-------------------------------------------------------------------------------------------------------------|-----|-------------|
| Total claims | 6a. Domestic support obligations | 6a. | \$0.00 |
| Homraiti | 6b. Taxes and Certain other debts you owe the government | 6b. | \$000.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$000.00 |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$74,672.00 |
| Hom Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$15,589.81 |
| | | | |
| | | | |

| Debtor 1 Ceria |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Frist Name Debtor 2 ((Spouse, Effing)) Frist Name Middle Name Last Name United States Bankruptcy Court for the:EASTERN_ District of _WISCONSIN_ ((State)) |
| Debtor 2 (Spoose, #Bing) First Name United States Bankruptcy Court for the:EASTERN_ District of _WISCONSIN_ Case Number |
| United States Bankruptcy Court for the: _EASTERN _ District of _WISCONSIN_ (Slate) Case Number |
| Case Number Check if this is an amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for |
| Case Number Check if this is an amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for |
| Official Form 106G Schedule G: Executory Contracts and Unexpired Leases Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for 2.1 Name Number Street |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for |
| information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for 2.1 Name Number Street |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed in <i>Schedule A/B: Property</i> (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for 2.1 Name Number Street |
| Yes. Fill in all of the information below even if the contracts or leases are listed in Schedule A/B: Property (Official Form 106A/B) 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for 2.1 Name Number Street |
| 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for 2.1 Name Number Street |
| example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Name Number Street |
| Person or company with whom you have the contract or lease State what the contract or lease is for Name Number Street |
| Person or company with whom you have the contract or lease 2.1 Name Number Street |
| Name Number Street |
| Number Street |
| Number Street |
| |
| |
| City State Zip Code |
| 2.2 |
| Name |
| Number Street |
| Number Salest |
| City State Zip Code |
| 2.3 |
| Name |
| Number Street |
| City State Zip Code |
| |
| 2.4 |
| Name |
| Number Street |
| City State Zip Code |
| 2.5 |
| <u> </u> |
| Name |

State Zip Code

City

| Fill in this in | formation to iden | tify your case: | |
|---------------------|---------------------|---------------------------------------------|-----------------------------|
| Debtor 1 | Ceria | Latrese | Bellinger |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | r the : <u>EASTERN</u> District of <u>W</u> | <u>(ISCONSIN</u> (State) |
| Case Number | | | |
| (If known) | | | |

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| uny A | aannonan ragoo, w | nto your name and case na | inder (ii known). Answer eve | ory question. | |
|--------------|-------------------|---------------------------------------------------------|----------------------------------|---------------------|-----------------------------------------------------|
| 1. D | o you have any co | debtors? (If you are filing a j | oint case, do not list either sp | ouse as a codebto | r.) |
| | No. | | | | |
| [| Yes | | | | |
| | = | - · · | | | y property states and territories include |
| _ | _ | | ew Mexico, Puerto Rico, Texa | is, Washington, and | d Wisconsin.) |
| <u> </u> | No. Go to line 3 | | | | |
| | Yes. Did your sp | oouse, former spouse, or lega | al equivalent live with you at t | he time? | |
| | = | ch community state or territor | ry did you live? | Fill in the | e name and current address of that person. |
| | | | | | |
| | Name of your sp | ouse, former spouse or legal equivale | ent | | |
| | Number S | treet | | | |
| | City | | State | Zip Code | |
| 3. In | | of your codebtors. Do not i | nclude your spouse as a coo | debtor if your spou | use is filing with you. List the person |
| | _ | = | | _ | you have listed the creditor on |
| | = | Form 106D), Schedule E/F hedule G to fill out Column | | chedule G (Official | Form 106G). Use Schedule D, |
| | Column 1: Your c | adabta v | | | Column 2: The avaditor to subarray any awa the debt |
| | Column 1. Your C | odebtor | | | Check all schools to that apply: |
| 2.4 | | | | | Check all schedules that apply: |
| 3.1 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number Str | eet | | | Schedule G, line |
| | City | | State | Zip Code | |
| 3.2 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number Str | eet | | | Schedule G, line |
| | City | | State | Zip Code | - |
| 3.3 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number Str | eet | | | Schedule G, line |
| | City | | State | Zip Code | _ |

| Fill in this information to identify your case: | | | | | | | |
|-----------------------------------------------------------------------|------------|-------------|-----------|--|--|--|--|
| Debtor 1 | Ceria | Latrese | Bellinger | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the :EASTERN DISTRICT OF WISCONSIN | | | | | | | |
| Case Number | · | | _ | | | | |
| (II KIIOWII) | | | | | | | |

| ck if this is: An amended filing A supplement showing post-petition chapter 13 income as of the following date: |
|-----------------------------------------------------------------------------------------------------------------|
| MM / DD / YYYY |

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--------------|-----------------------------------|--|--|
| 1. | Fill in your employment information | | Debtor 1 | | Debtor 2 or non-filing spouse | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | X Employed Not employed | ı | Employed Not employed | | |
| | Include part-time, seasonal, or self-employed work. | Occupation | LPN | | | | |
| | Occupation may Include student or homemaker, if it applies. | | | | | | |
| | | | Milwaukee, WI 53 | 213 | | | |
| | | How long employed there? | Since 5/1/2021 | | | | |
| Part 2: Give Details About Monthly Income | | | | | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. | | | | | | | |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | | | | \$6,004.53 | \$0.00 | | |
| 3. Estimate and list monthly overtime pay. | | | | \$0.00 | \$0.00 | | |
| 4. Calculate gross income. Add line 2 + line 3. | | | | \$6,004.53 | \$0.00 | | |

Bellinger Ceria Latrese Debtor 1 Case Number (if known)

| | First Name Middle Name | Last Name | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------|-----------------------------------|----------------------|
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Сор | by line 4 here | | 4. | \$6,004.53 | \$0.00 | |
| 5. List al | I payroll deductions: | | _ | | | _ |
| 5a. | Tax, Medicare, and Social Security d | eductions | 5a. | \$905.06 | \$0.00 |) |
| 5b. | Mandatory contributions for retirement | ent plans | 5b. | \$0.00 | \$0.00 |) |
| 5c. ' | Voluntary contributions for retirement | nt plans | 5c. | \$0.00 | \$0.00 |) |
| 5d. | Required repayments of retirement f | und loans | 5d. | \$0.00 | \$0.00 | _) |
| 5e. | Insurance | | 5e. | \$386.40 | \$0.00 |) |
| 5f. | Domestic support obligations | | 5f. | \$0.00 | \$0.00 |) |
| 5g. | Union dues | | 5g. | \$0.00 | \$0.00 |) |
| 5h. | Other deductions. Specify: | Insurance(D1), | 5h. | \$147.81 | \$0.00 | _) |
| 6. Add th | e payroll deductions. Add lines 5a + | 5b + 5c + 5d + 5e +5f + 5g +5h. | 6. | \$1,439.27 | \$0.00 | |
| 7. Calcula | ate total monthly take-home pay. Sub | otract line 6 from line 4. | 7. | \$4,565.25 | \$0.00 | Ì |
| 8. List all | other income regularly received: | | | , , | , | _ |
| 8a. | Net income from rental property ar | nd from operating a business, | | | | |
| | profession, or farm | | | | | |
| | Attach a statement for each property receipts, ordinary and necessary but | | | | | |
| | monthly net income. | | 8a. | \$0.00 | \$0.00 | |
| 8b. | Interest and dividends | | 8b. | \$0.00 | \$0.00 | |
| 8c. | Family support payments that you dependent regularly receive | , a non-filing spouse, or a | 8c. | \$ 282.01 | \$ 0.00 | |
| | Include alimony, spousal support, ch | nild support, maintenance, divorce | | | | |
| | settlement, and property settlement. | | | | | |
| 8d. | Unemployment compensation | | 8d | \$0.00 | \$0.00 | |
| 8e. | Social Security | | 8e. — | \$0.00 | \$0.00 | |
| 8f. | Other government assistance that | you regularly receive | 8f. | \$0.00 | \$0.00 | |
| | Include cash assistance and the value | ue (if known) of any non-cash | | | | |
| | assistance that you receive, such as Supplemental Nutrition Assistance F Specify: | Program) or housing subsidies. | | | | |
| 8g. | Pension or retirement income | | 8g. | \$0.00 | \$0.00 | |
| 8h. | Other monthly income. Specify: | | 8h. | \$0.00 | \$0.00 | |
| 9. Add | all other income. Add lines 8a + 8b | + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$282.01 | \$0.00 | |
| | culate monthly income. Add line 7 + I | | 10. | \$4,847.26 | + \$0.00 |]= \$4 |
| Inclusion of the Double Special Property of the Write Property of the Property | ude contributions from an unmarried per friends or relatives. not include any amounts already included include | the expenses that you list in Schedule artner, members of your household, you ded in lines 2-10 or amounts that are not be 10 to the amount in line 11. The rest hedules and Statistical Summary of Cewithin the year after you file this form | our dependent out available to sult is the come | p pay expenses listed i | n <i>Schedule J.</i> | 11. 12. \$ |

| Fill in this i | nformation to identify | your case: | | | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------|
| Case Numbe (If known) | . , | Latrese Middle Name Middle Name :EASTERN DISTRICT OF W | Bellinger Last Name Last Name | income as o | ent showing post of the following o | 2 because Debtor 2 |
| Schedu | le J: Your E | xpenses | | | | 12/ |
| more space is question. Part 1: 1. Is this a jo X No. | Describe Your Householint case? Go to line 2. Does Debtor 2 live in a | er sheet to this form. On the | top of any additional pag | re equally responsible for supplyings, write your name and case num | = | |
| Do not li Debtor 2 Do not s names. | have dependents? ist Debtor 1 and 2. state the dependents' | each depende | nis information for ant | Dependent's relationship to Debtor 1 or Debtor 2 Daughter | Dependent's age | Does dependent live with you? No X Yes X No Yes |
| expense | es of people other than f and your dependents | ր ⊢¦∷ | | | | |
| Part 2: | Estimate Your Ongoing | Monthly Expenses | | | | |
| expenses as of the applicable Include exper of such assist | of a date after the bank e date. nses paid for with non- tance and have include | | upplemental <i>Schedule J</i> , one of the control of the | | n and fill in | our expenses \$860.00 |
| | eal estate taxes | | | | 4a. | \$0.00 |
| | roperty, homeowner's, o | or renter's insurance | | | 4b. 4c. | \$0.00 \$165.00 |
| | • | n or condominium dues | | | 4d. | \$0.00 |

Latrese Bellinger Debtor 1 Ceria Case Number (if known) __

First Name Middle Name Last Name Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans **Utilities:** 6. \$340.00 6a. 6a. Electricity, heat, natural gas \$85.00 6b. Water, sewer, garbage collection \$335.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify:_ 6d. \$625.00 7. 7. Food and housekeeping supplies \$0.00 8. 8. Childcare and children's education costs \$180.00 9. Clothing, laundry, and dry cleaning \$125.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$592.00 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. \$100.00 13. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. \$0.00 Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a. Life insurance \$0.00 15b. Health insurance 15b. \$288.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$0.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:___ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. 20c. Property, homeowner's, or renter's insurance \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses 0.00 20e 20e. Homeowner's association or condominium dues

| Debtor | 1 Ceria | Latrese | Bellinger | Case Number (if known) | |
|--------|-----------|-----------------------------------------|-------------------------------------------|------------------------|------------|
| | First Na | me Middle Name | Last Name | | |
| 21. | Other. S | pecify: Pet Care (\$50.00), Postage/Ba | ank Fees (\$5.00), | 21. | \$55.00 |
| 22 | Your mo | nthly expense: Add lines 4 through | 21. | 22. | \$3,850.00 |
| | The resu | t is your monthly expenses. | | | |
| | | | | | |
| 23. | Calculate | your monthly net income. | | | |
| | 23a. | Copy line 12 (your comibined mon | thly income) from Schedule I. | 23a. | \$4,847.26 |
| | 23b. | Copy your monthly expenses from | line 22 above. | 23b. - | \$3,850.00 |
| | 23c. | Subtract your monthly expenses fr | • | 23c. | \$997.26 |
| | | The result is your monthly net inco | me. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 24. | Do you e | xpect an increase or decrease in yo | our expenses within the year after you | file this form? | |
| | For exam | iple, do you expect to finish paying fo | r your car loan within the year or do you | u expect your | |
| | mortgage | payment to increase or decrease be | ecause of a modification to the terms of | your mortgage? | |
| | X No | | | | |
| | Yes | Explain Here: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Fill in this in | formation to ide | ntify your case: | |
|---------------------------|---------------------|-----------------------------------------------|---------------------|
| Debtor 1 | Ceria | Latrese | Bellinger |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | or the : <u>EASTERN</u> District of <u>WI</u> | SCONSIN_ (State) |
| Case Number (If known) | Г | | _ |

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT | an attorney to help you fill out bankruptcy forms? |
| No | |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| Under penalty of perjury, I declare that I have reac | I the summary and schedules filed with this declaration and that they are true and |
| correct. | |
| ✗ /s/ Ceria Latrese Bellinger | × |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date _05/11/2022 | Date |
| MM / DD / YYYY | MM / DD / YYYY |

| Fill in this in | formation to ider | ntify your case: | |
|---------------------------|---------------------|-----------------------------------------------|-----------|
| Debtor 1 | Ceria | Latrese | Bellinger |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | or the : <u>EASTERN</u> District of <u>WI</u> | SCONSIN |
| | | | (State) |
| Case Number (If known) | • | | _ |
| , | | | |
| | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. | 9 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Part 1: Give Details About Your Marital Status and Where You Lived Before | |
| 01. What is your current marital status? | |
| Married | |
| Not married | |
| 02 During the last 3 years, have you lived anywhere other than where you live now? | |
| ■ No. | |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | |
| Debtor 1 Debtor 2: lived there | Dates Debtor 2 lived there |
| 03 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) | |
| ■ No. | |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). | |
| | |
| Part 2: Explain the Sources of Your Income | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | First Name Middle | Name Last Nam | e | | |
|---|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------------------------|
| | Did you have any income from emplo Fill in the total amount of income you re If you are filing a joint case and you ha | eceived from all jobs and all bu | ısinesses, including pa | rt-time activities. | s? |
| | No.Yes. Fill in the details | | | | |
| | res. I ill ill the details | Debtor 1 | | Debtor 2 | |
| | | Sources of incon Check all that app | | e Sources of income | Gross income (before deductions and exclusions) |
| | From January 1 of current year u | ntil Wages, commiss | sions, \$24,367 | Wages, commissio | ns, |
| | the date you filed for bankruptcy: | bonuses, tips Operating a busi | ness | bonuses, tips Operating a busine | ss |
| | For last calendar year: | Wages, commiss | sions, \$57,760 (De | ebtor's Wages, commissio | ns, |
| | (January 1 to December 31, 2021) | bonuses, tips Operating a busi | estimate) ness | bonuses, tips Operating a busine | ss |
| | For the calendar year before that: | : Wages, commiss | sions, \$77,841 | ☐ Wages, commissio | ns, |
| | (January 1 to December 31, 2020) | bonuses, tips Operating a busi | ness | bonuses, tips Operating a busine | ss |
| | List each source and the gross income No. Yes. Fill in the details | mom each source separatery. | Do not include income | triat you listed III line 4. | |
| | | Debtor 1 Sources of incon Describe below. | Gross income (before deductions) | | Gross income (before deductions and exclusions) |
| | From January 1 of current year u | ntil Child Support | \$1,235 | | |
| | the date you filed for bankruptcy: | · | | | _ |
| | For last calendar year: | Child Support | \$3,264 | | |
| | (January 1 to December 31, 2021) | | | | |
| | For last calendar year: | Child Support | \$5,588 | | |
| | (January 1 to December 31, 2020) | | | | _ |
| _ | | | | | |
| | | | | | |

Bellinger

Case Number (if known) _

Latrese

Debtor 1 Ceria

| Debto | 11 <u>CE</u> | ila | Latiese | beilinger | _ | Case Number (If known) _ | | |
|-------|-----------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------------------|--------------|-----------------------------------|
| | Firs | t Name | Middle Name | Last Name | | | | |
| P | art 3: | List Certain Payments Y | ou Made Before You Filed 1 | for Bankruptcy | | | | |
| | | | | | | | • | |
| 06 | Are eith | er Debtor 1's or Debtor | 2's debts primarily consu | umer debts? | | | | |
| | ☐ No. | Neither Debtor 1 nor De | ebtor 2 has primarily cons | sumer debts. Cons | sumer debts are define | ed in 11 U.S.C. § 101(8) a | s | |
| | | "incurred by an individua | al primarily for a personal, | family, or househo | old purpose." | | | |
| | | During the 90 days before | ore you filed for bankruptcy | v, did you pay any o | creditor a total of \$7,57 | '55* or more? | | |
| | | No. Go to line 7. | | | | | | |
| | | _ | ch creditor to whom you pa | | | • | | |
| | | • | aid that creditor. Do not inc | | | - | | |
| | * C. | • • | limony. Also, do not includ | • • | - | • | | |
| | " St | ubject to adjustment on 4 | 1/01/25 and every 3 years a | after that for cases | filed on or after the da | ite of adjustment. | | |
| | Yes | | or both have primarily co | | r araditar a total of \$60 | 0 or more? | | |
| | | No. Go to line 7. | iore you med for bankrupto | by, did you pay arry | creditor a total or you | o or more: | | |
| | | | | | | | | |
| | | _ | ch creditor to whom you pa | | | | | |
| | | | lude payments for domesti | · · · · · · | • | ort and | | |
| | | allmony. Also, do n | ot include payments to an | attorney for this ba | ankruptcy case. | | | |
| | | | | Dates of payments | Total amount paid | Amount you still o | owe W | as this payment for |
| | | | | | | | | |
| | Insiders corporat agent, in | include your relatives; a | bankruptcy, did you make ny general partners; relativ officer, director, person in ess you operate as a sole p ny. | ves of any general control, or owner | partners; partnerships of 20% or more of thei | of which you are a generary voting securities; and an | iy managing | |
| | No. | | | | | | | |
| | Yes. | . List all payments to an i | insider. | | | | | |
| | _ | . , | | Dates of | Total amount | Amount you still | Reason fo | or this payment |
| | | | | payment | paid | owe | | |
| 80 | Within 1 | • | bankruptcy, did you make | e any payments or | transfer any property o | on account of a debt that b | enefited | |
| | | | anteed or cosigned by an i | insider. | | | | |
| | No. | | | | | | | |
| | ∐ Yes. | . List all payments to an i | insider. | Dates of | Total amount | Amount you still | Doggon fe | or this payment |
| | | | | payment | Total amount paid | Amount you still owe | | or this payment reditor's name |
| P | art 4: | Identify Legal actions, R | Repossessions, and Foreclo | sures | | | | |
| 09 | List all s | • | bankruptcy, were you a personal injury cases, smallutes. | | | | t or custody | , |
| | No. | | | | | | | |
| | Yes. | . Fill in the details. | | | | | | |
| 40 | 14000 | | | ure of the case | Court or a | | 1 | Status of the case |
| 10 | | year before you filed for all that apply and fill in the | bankruptcy, was any of your details below. | our property reposs | sessed, foreclosed, ga | rnished, attached, seized, | or levied? | |
| | = | Go to line 11 | | | | | | |
| | ∐ Yes. | . Fill in the information be | elow. | | | | | |

| epto | or 1 Cena | Latiese | Deliiligei | Case Number (If Kno | own) | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|--------------------------------------|----------------------------|---------------------------------------------|--|--|
| | First Name | Middle Name | Last Name | | | | | |
| 11 | Within 90 days before you filed or refuse to make a payment b | | - | or financial institution, set off an | y amounts from yo | our accounts | | |
| | No. Go to line 11 | | | | | | | |
| 10 | Yes. Fill in the information b | | ofo.u muomout in the moon | i of an assistant for the ba | mafit of avaditors | | | |
| | court-appointed receiver, a cus | | | session of an assignee for the be | nent of creditors, | 4 | | |
| | No. Yes. | | | | | | | |
| P | List Certain Gifts and C | ontributions | | | | | | |
| 13 | Within 2 years before you filed | for bankruptcy, did yo | ou give any gifts with a total v | ralue of more than \$600 per person | on? | | | |
| | No. | | | | | | | |
| 14 | Yes. Fill in the details for ear Within 2 years before you filed | | ou give any gifts or contributi | ons with a total value of more that | an \$600 to any cha | ritv? | | |
| | ■ No. | | | | | | | |
| | Yes. Fill in the details for each | ch gift. | | | | | | |
| P | art 6: List Certain Losses | | | | | | | |
| 15 | Within 1 year before you filed f gambling? | for bankruptcy or since | e you filed for bankruptcy, dic | d you lose anything because of the | neft, fire, other disa | aster, or | | |
| | ☐ No. | | | | | | | |
| | Yes. Fill in the details for ear | ch gift. | | | | | | |
| | Describe the property you I the loss occurred | ost and how | Describe any insurance cover Include the amount that insu | = | Date of your loss | Value of property lost | | |
| | 2014 Chevrolet Equinox | | \$13,632 - VNA Salvage - \$1,1 | 00 proceeds to debtor | 12/2021 _ | \$12,000 | | |
| P | List Certain Payments | or Transfers | | | | | | |
| 16 | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No. Yes. Fill in the details | | | | | | | |
| | Party Contact Info | | Description and value of any | y property transferred | Date payment or transfer | Amount of payment | | |
| | Geraci Law L.L.C. | | | | From | Payment/Value: | | |
| | 55 E. Monroe Street #340 | 0 | | | 05/11/2022 - 05/11/2022 | \$4,500.00: \$0.00 paid prior to filing, | | |
| | Chicago,IL 60603 | | | | | balance to be paid through the plan. | | |
| | · | | | | | | | |
| | Person who Made the Paymen | t, if Not You | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| ebtor 1 Ceria Latrese Bellinger Case Number (if known) | | | | | | |
|--------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------|-----------------------------------------|
| | First Name | Middle Name | Last Name | | | |
| | Party Contact Info | | Description and value of | of any property transferr | ed Date pa or trans | |
| | Hananwill Credit Cou | ınseling | Credit Counseling Service | es | 2022 | \$25.00 |
| | 115 N. Cross St. | | | | | |
| | Robinson, IL 62454 | | | | | |
| | | | | | | |
| | | | | | | |
| | Person who Made the Pa | ayment, if Not You | | | | |
| pror Do r | nised to help you dea | | id you or anyone else acting o r to make payments to your c ı listed on line 16. | | nsfer any property to a | nyone who |
| _ | Yes. Fill in the details. | | | | | |
| Ц | res. i ili ili tile detalis. | | | | | |
| tran Inclu Do r | sferred in the ordinary ude both outright tran not include gifts and to | y course of your busin sfers and transfers ma ransfers that you have | did you sell, trade, or otherwis less or financial affairs? ade as security (such as the g already listed on this statem | ranting of a security inte | | |
| Ц | Yes. Fill in the details for | or eacn gιπ. | | | | |
| ben | eficiary? (These are o No. | ften called asset-prote | , did you transfer any property ection devices.) | y to a self-settled trust or | r similar device of whic | h you are a |
| П, | Yes. Fill in the details f | or each gift. | | | | |
| sold Incl hou | l, moved, or transferre ude checking, savings | ed? s, money market, or ot | ere any financial accounts or ther financial accounts; certifi ons, and other financial institu | cates of deposit; shares | · · | |
| | Yes. Fill in the details. | | | | | |
| | | La | st 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| F | Educators Credit Union | X | KX - <u>Savings and Ch</u> ecking | Checking | 11/2021 | \$0 |
| - | | | ov <u>odvingo and on</u> doming | Savings Money market Brokerage Other | | |
| Dov | | | | | | |
| - | you now have, or did y h, or other valuables? | · - | before you filed for bankrupt | cy, any safe deposit box | or other depository for | r securities, |
| = | No. Yes. Fill in the details. | | | | | |
| | | Wi | no else had access to it? | Describe the con | tents | Do you still have it? |
| Hav | e you stored property | in a storage unit or pl | ace other than your home wit | hin 1 year before you file | ed for bankruptcy? | |
| _ | No. Yes. Fill in the details. | | | | | |
| Ц | . 55. i iii iii tiio uctails. | Wi | no else has or had access to it? | Describe the con | tents | Do you still have it? |

| Debtor 1 | 1 Ceria | Latrese | Bellinger | Case Number (if known) | | | | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | |
| Par | Part 9: Identify Property You Hold or Control for Someone Else | | | | | | | | |
| | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | | |
| <u>ן</u> | No. | | | | | | | | |
| L | Yes. Fill in the details. | W | Where is the property? | Describe the property | Value | | | | |
| Pari | Give Details About E | invironmental Inform | nation | | | | | | |
| For th | ne purpose of Part 10, the t | following definition | s apply: | | | | | | |
| ha | azardous or toxic substand | es, wastes, or mate | local statute or regulation concerning erial into the air, land, soil, surface wa e cleanup of these substances, wastes | ter, groundwater, or other medium, | | | | | |
| | ite means any location, fac or used to own, operate, o | | = | , whether you now own, operate, or utilize | • | | | | |
| | azardous material means a ubstance, hazardous matei | | nmental law defines as a hazardous wa aminant, or similar term. | ste, hazardous substance, toxic | | | | | |
| Repo | rt all notices, releases, and | d proceedings that | you know about, regardless of when t | ney occurred. | | | | | |
| 24 H | las any governmental unit | notified you that yo | ou may be liable or potentially liable u | nder or in violation of an environmental la | w? | | | | |
| | No. Yes. Fill in the details. | | | | | | | | |
| _ L | Tes. 1 iii iii die details. | G | Sovernmental unit | Environmental law, if you know it | Date of notice | | | | |
| 25 H | lave you notified any gove | rnmental unit of an | y release of hazardous material? | | | | | | |
| | No. | | | | | | | | |
| [| Yes. Fill in the details. | G | overnmental unit | Environmental law, if you know it | Date of notice | | | | |
| 26 H | lave you been a party in ar | ny judicial or admin | istrative proceeding under any enviro | nmental law? Include settlements and ord | ders. | | | | |
| ı | No. | | | | | | | | |
| | Yes. Fill in the details. | C | Court or agency | Nature of the case | Status of the case | | | | |
| | | | out of egono, | | | | | | |
| Part | Give Details About Y | our Business or Con | nections to Any Business | | | | | | |
| 27 y | _ | | | of the following connections to any busin | ess? | | | | |
| | = ' ' | | trade, profession, or other activity, eit | • | | | | | |
| | ☐ A partner in a partne | | , (, , | , | | | | | |
| | An officer, director, | or managing execu | tive of a corporation | | | | | | |
| | An owner of at least | 5% of the voting or | r equity securities of a corporation | | | | | | |
| | No. None of the above a | pplies. Go to Part 1 | 2. | | | | | | |
| | Yes. Check all that apply | above and fill in the | e details below for each business. | | | | | | |
| | Vithin 2 years before you fi nstitutions, creditors, or ot | | , did you give a financial statement to | anyone about your business? Include all | financial | | | | |
| | No. | | | | | | | | |
| | Yes. Fill in the details. | Do | ite issued | | | | | | |
| | | Da | uc issueu | | | | | | |
| | | | | | | | | | |

| ebtor 1 | Ceria | Latrese | Bellinger | Case Number (if known) |
|---------|------------|-------------|-----------|------------------------|
| | First Name | Middle Name | Last Name | |

| I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|
| 🗶 /s/ Ceria Latrese Bellinger | • | | |
| Signature of Debtor 1 | Signature of Debtor 2 | | |
| Date 05/11/2022 MM / DD / YYYY | Date | | |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | |
| ■ No □ Yes | | | |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | |
| ■ No | | | |

Part 12:

Sign Below

Yes. Name of person ______. Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

United States Bankruptcy Court

EASTERN DISTRICT OF WISCONSIN

| T | | | |
|------|---|---|---|
| - 11 | n | r | e |
| - | ш | | v |

| Ceria Latrese Bellinger / Debtor | | | | Case No: | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|-----------------------------|
| | | | | Chapter: | Chapter 13 |
| | | DISCLOSURE OF CO | OMPENSATION OF A | ATTORNEY FOR DEE | TOR |
| | npensation paid | U.S.C. § 329(a) and Fed. Bankr. P. 2010 to me within one year before the filing oundered on behalf of the debtor(s) in contraction. | f the petition in bankrup | tcy, or agreed to be paid | l to me, for services |
| | For legal serv | rices, I have agreed to accept | \$4,500.00 | | |
| | Prior to the fil | ling of this statement I have received | \$0.00 | | |
| | Balance Due | | \$4,500.00 | | |
| 2. | The source of | the compensation paid to me was: | | | |
| | Debtor(s | S) Other: (specify) | | | |
| 3. | The source of | compensation to be paid to me is: | | | |
| | Debtor | (s) Other: (specify) | | | |
| 4. | I have no of my lav | ot agreed to share the above-disclosed corw firm. | mpensation with any oth | er person unless they ar | e members and associates |
| | | reed to share the above-disclosed compe w firm. A copy of the agreement, together | - | - | |
| 5. | In return for the case, including | ne above-disclosed fee, I have agreed to rg: | ender legal service for a | ll aspects of the bankrup | otcy |
| | - | of the debtor's financial situation, and re | endering advice to the de | ebtor in determining who | ether to file a petition in |
| | bankrupto b Praparatio | on and filing of any petition, schedules, s | statements of affairs and | nlan which may be read | urad: |
| | - | | | | |
| | c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; By agreement with the debtor(s), the above-disclosed fee does not include payment for the following services: | | | | |
| 6. | by agreement | with the debtor(s), the above-disclosed is | ee does not merade payr | hent for the following s | er vices. |
| | | | | | |
| | | | | | |
| | | | CERTIFICATIO | N | |
| | | I certify that the foregoing is a con- | mplete statement of any | agreement or arrangeme | ent for |
| | | payment to me for representation of the | ne debtor(s) in this bank | ruptcy proceedings. | |

Date: 05/11/2022

Date

/s/ Ann Renee Kramer

Signature of Attorney

Geraci Law L.L.C.
Name of law firm

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WISCONSIN

In re

| Ceria Latrese Bellinger / Debtor | Bankruptcy Docket #: | |
|----------------------------------|----------------------|--|
| | Judge: | |
| | | |

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

05/11/2022

Record #

878996

/s/ Ceria Latrese Bellinger

Ceria Latrese Bellinger

X Date & Sign

Page 1 of 1

Case 22-22123-kmp Doc 1 Filed 05/11/22 Page 50 60 50 12/2

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Notice Required by 11 U.S.C. § 342(b) for

Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan
 for individuals with regular
 income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$78 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form -the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the Means Test-deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury-either orally or in writing-in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-anddebtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

I have read the above document, and any questions I may have were answered by my attorney before signing.

05/11/2022 /s/ Ceria Latrese Bellinger

Ceria Latrese Bellinger

Dated: 05/11/2022 /s/ Ann Renee Kramer

Attorney: Ann Renee Kramer